



U.S. Department  
of Veterans Affairs

# 2020 National Veteran Suicide Prevention Annual Report

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*Office of Mental Health and Suicide  
Prevention*

*Suicide Prevention Program*


2020 National Veteran Suicide Prevention Annual  
Report Link:  
[https://www.mentalhealth.va.gov/suicide\\_preventio](https://www.mentalhealth.va.gov/suicide_preventio)

# Agenda

- Suicide as a National Problem
- Anchors of Hope
- Key 2018 Data
  - Suicide Count
  - Average Number of Suicide Deaths per Day
  - Suicide Rates
  - Race/Ethnicity
  - Lethal Means
  - Never Federally Activated Former Service Members
  - COVID-19 Pandemic
- VA's Public Health Strategy

# Suicide as a National Problem

- Suicide is a national issue, with rising rates of suicide in the general population. In addition, suicide rates are higher, and are rising faster, among Veterans than among non-Veteran adults.
  - Societal factors, such as economic disparities, race/ethnicity/LGBT disparities, homelessness, social connection and isolation, and health and well-being, play additional roles in suicide.
  - Coronavirus Disease 2019 (COVID-19) pandemic has also placed additional strain on our Nation and on individuals and communities
- One suicide is heartbreaking, notably affecting an estimated 135 surviving individuals for each death by suicide.
- Our nation grieves with each suicide, necessarily prompting the collective tireless pursuit of evidence-based clinical interventions and community prevention strategies, critical to the implementation of VA's National Strategy for Preventing Veteran Suicide.

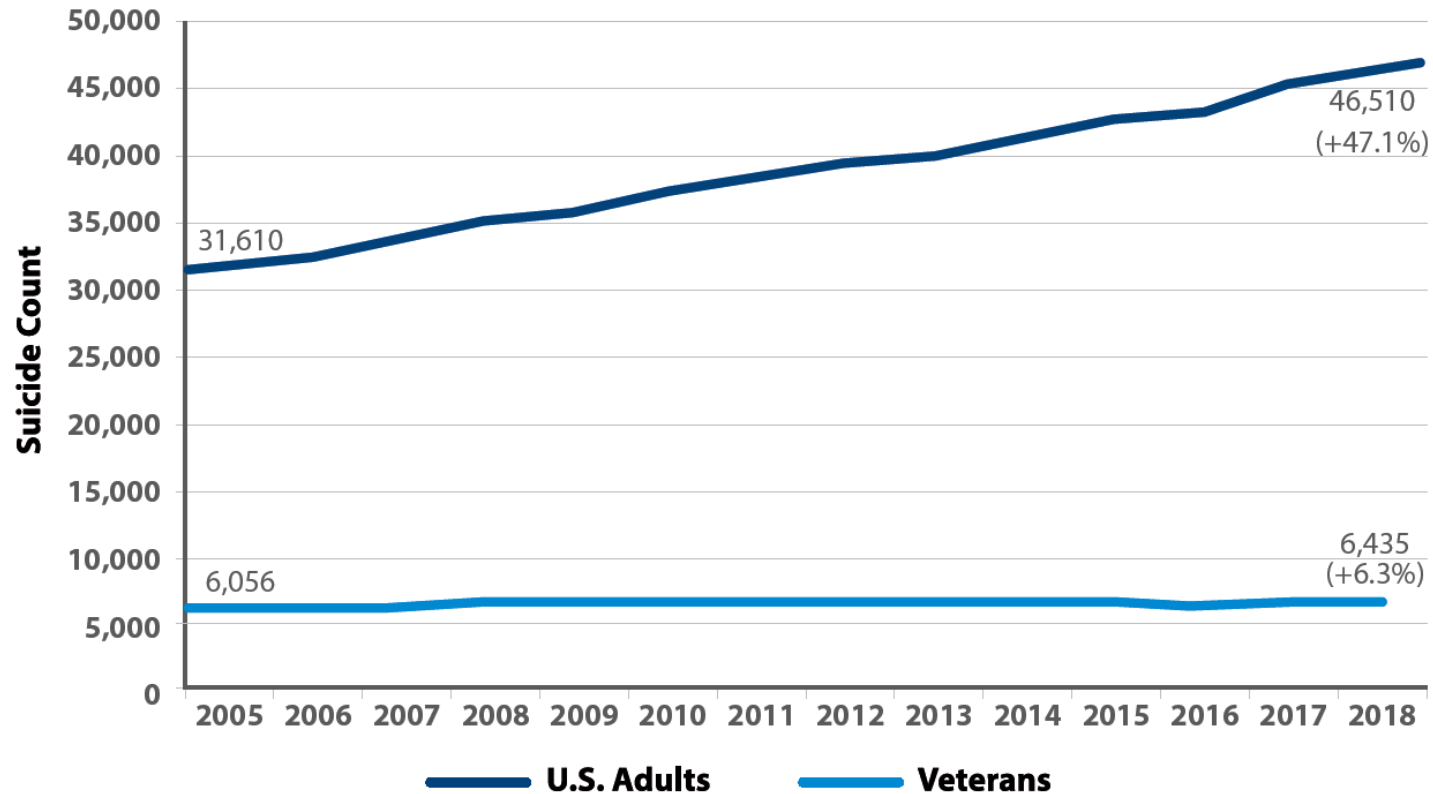
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- A blue circular icon containing a white anchor, positioned on the left side of the slide.
- Anchor 1: From 2017 to 2018, adjusted suicide rates fell among Veterans with recent VHA care, while rising among other Veterans.
  - Anchor 2: Among Veterans in VHA care, rates fell from 2005 to 2018 in those with depression, anxiety, and substance use disorders.
  - Anchor 3: In 2018, suicide rates decreased for specific Veteran populations engaged in VHA care.
  - Anchor 4: The Veteran suicide rate did not increase significantly between 2017 and 2018.
  - Anchor 5: There is a groundswell of support for coordinated efforts at the local, regional, and national levels to implement a public health approach to end suicide.

*Findings documented in this report highlight the continuing and increasing problem of suicide among U.S. adults and among Veterans, and the need for ongoing efforts to improve methods of suicide risk mitigation.*

*Yet there are within the report signals of improvement and of hope.*

# Suicide Count, U.S. Adult and Veteran Populations (2005-2018)

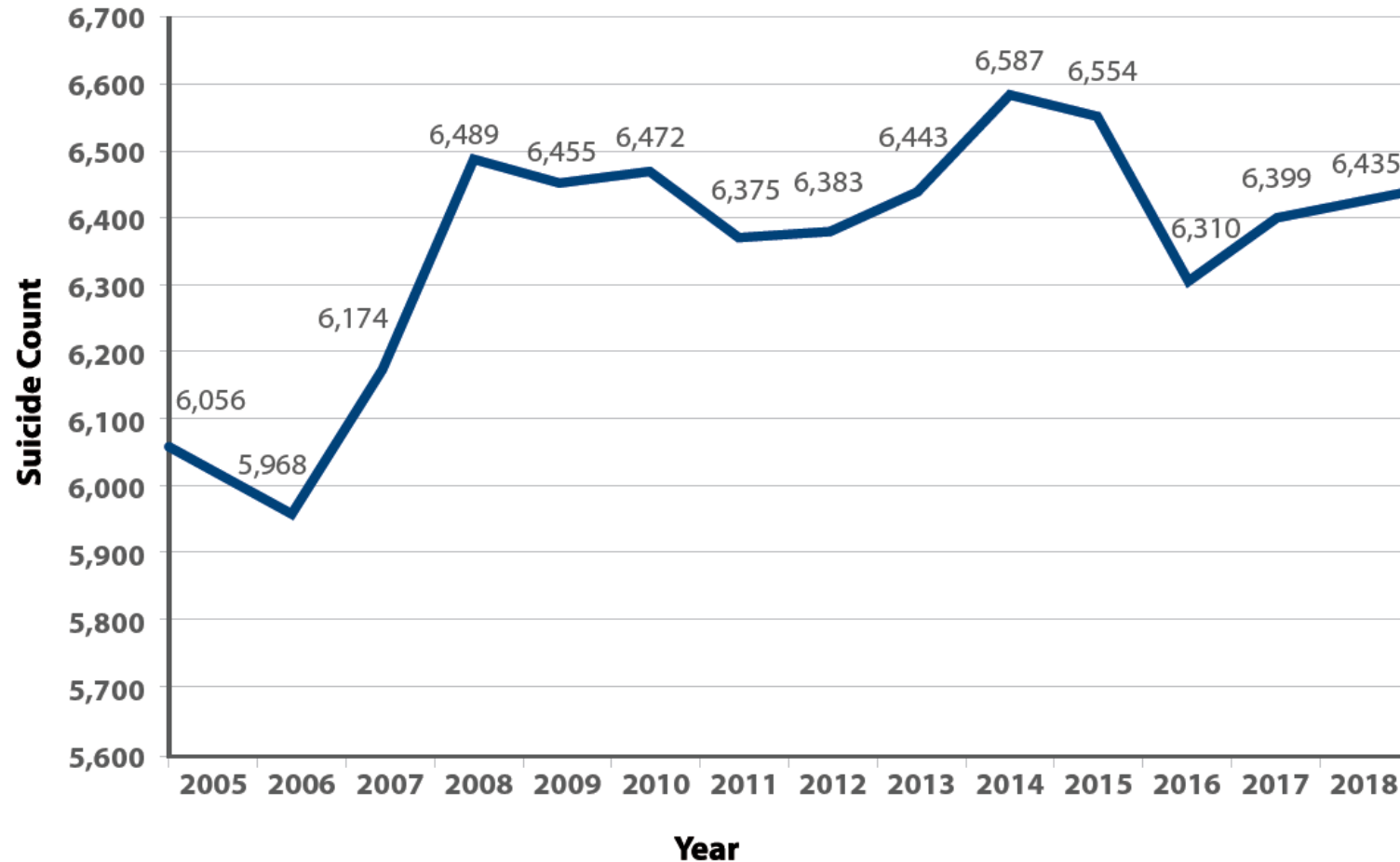
Graph 1. Number of Suicides, U.S. Adult and Veteran Populations, 2005-2018



From 2005 to 2018, there was a 47.1% increase in the number of suicide deaths in the general population and a 6.3% increase in the number of suicide deaths in the Veteran population.

# Suicide Count, U.S. Veteran Population (2005–2018)

Graph 2. Number of Veteran Suicides, 2005–2018



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## Key Data: Average Number of Suicide Deaths/Day

- The average number of suicide deaths per day increased within the general U.S. population.
- In U.S. adults, the average rose from 86.6 per day in 2005 to 124.4 in 2017 and 127.4 in 2018.
- The average number of Veteran suicides per day rose from 16.6 in 2005 to 17.6 in 2018.
- From 2017 to 2018, the average number of Veteran suicides per day rose from 17.5 to 17.6.

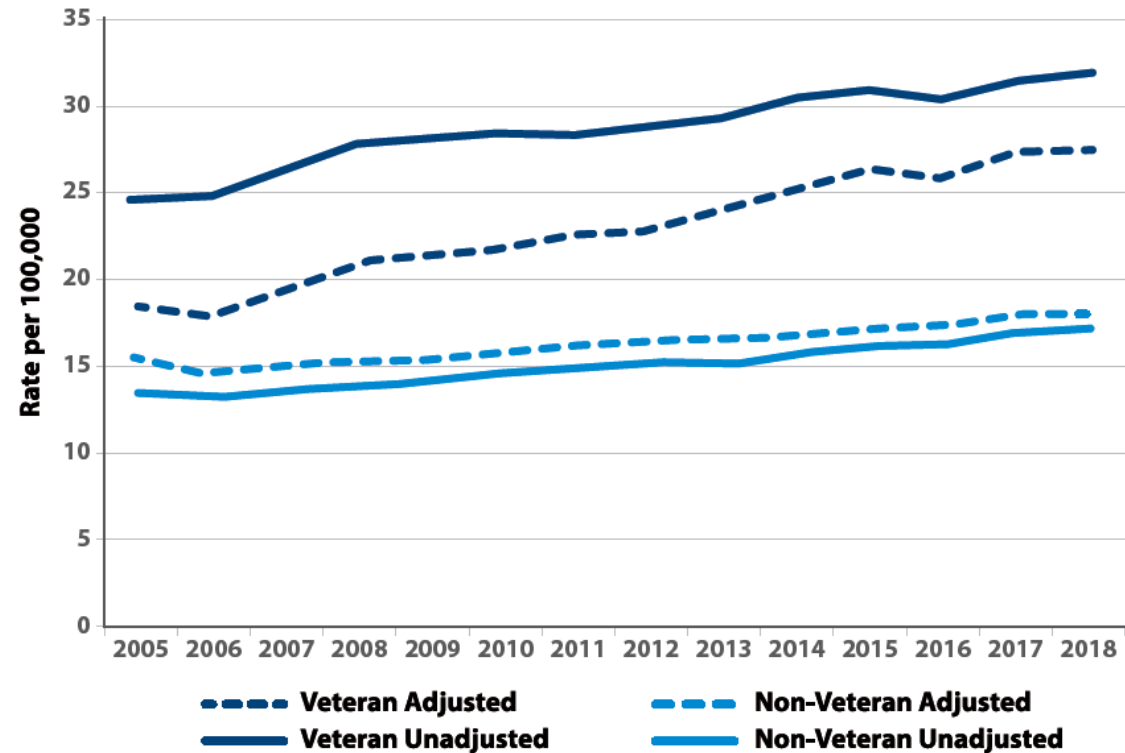
*Table 1. Total and Daily Average Number of Veteran Suicide Deaths, 2005–2018*

Year	Suicide Deaths	Average per Day
2005	6,056	16.6
2006	5,968	16.4
2007	6,174	16.9
2008	6,489	17.7
2009	6,455	17.7
2010	6,472	17.7
2011	6,375	17.5
2012	6,383	17.4
2013	6,443	17.7
2014	6,587	18.0
2015	6,554	18.0
2016	6,310	17.2
2017	6,399	17.5
2018	6,435	17.6

## Key Data - Suicide Rates

- From 2005 to 2018, the age- and sex-adjusted suicide rates among Veterans were higher and rose faster than those among non-Veteran U.S. adults.
  - 18.5 suicide deaths per 100,000 in 2005 to 27.5 suicide deaths per 100,000 in 2018.
  - Rate rose slightly from 2017 (27.3 per 100,000) to 2018 (27.5 per 100,000).
- The unadjusted suicide rate among Veterans rose from 24.7 per 100,000 in 2005 to 31.3 per 100,000 in 2017 and 32.0 per 100,000 in 2018.
- Among non-Veteran U.S. adults, the unadjusted rate rose from 13.5 per 100,000 to 16.9 per 100,000 in 2017 and 17.2 per 100,000 in 2018.
  - While in 2005 the Veteran suicide rate was 1.2 times the rate for non-Veteran adults, in each year from 2013 through 2018 the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults, after adjusting for differences in age and sex.

Graph 3. Unadjusted and Age- and Sex-Adjusted Suicide Rates for Veterans and Non-Veteran Adults, 2005–2018





### Key Data - Race/Ethnicity

Race	2018 Veteran Population	2018 Percentage of Veteran Population	2018 Veteran Suicide Decedents	2018 Percentage of Veteran Suicide Decedents
White	16,384,000	81.2%	5,618	87.3%
Black/African American	2,479,000	12.3%	323	5.0%
Multiple Race	452,000	2.2%	178	2.8%
Asian/Native Hawaiian/ Pacific Islander	398,000	2.0%	83	1.3%
American Indian/ Alaskan Native	165,000	0.8%	52	0.8%

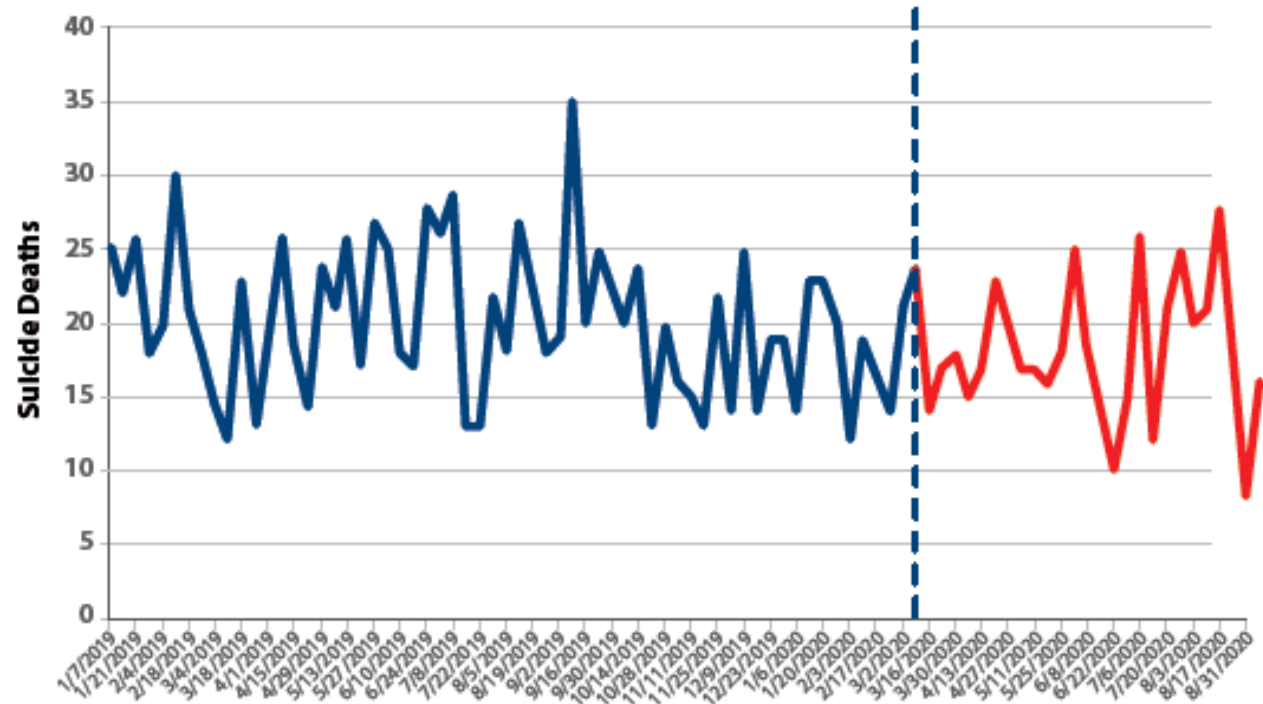
- Overall suicide rates and trends of increase were lower among Black Veterans than among White Veterans.
- The ratio of age-adjusted suicide rates for male Hispanic Veterans in VHA care to rates among all male Hispanic U.S. adults was 1.96 in 2005, 2.06 in 2017, and 1.46 in 2018.
- Further work is needed to understand factors associated with Veteran suicide, including differences by race and ethnicity.

#### Key Data - Lethal Means

Method	Percentage of Non-Veteran Adult Suicide Deaths	Percentage of Veteran Suicide Deaths	Percentage of Male Non-Veteran Adult Suicide Deaths	Percentage of Male Veteran Suicide Deaths	Percentage of Female Non-Veteran Adult Suicide Deaths	Percentage of Female Veteran Suicide Deaths
Firearm	48.2%	68.2%	53.5%	69.4%	31.7%	41.9%
Poisoning	13.8%	9.5%	8.5%	8.5%	30.3%	31.6%
Suffocation	29.5%	17.1%	29.8%	16.9%	28.4%	20.3%
Other	8.5%	5.2%	8.2%	5.2%	9.6%	6.2%

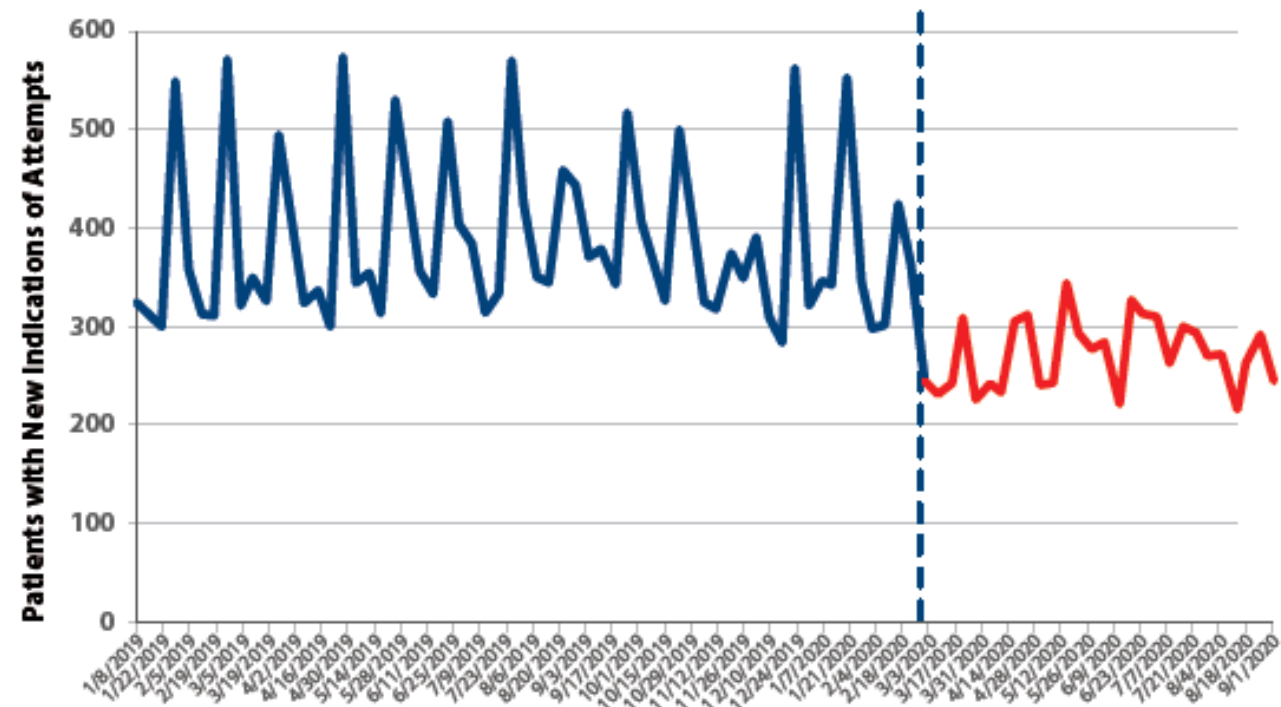
- In 2018, firearms were the method of suicide in 69.4% of male Veteran suicide deaths and 41.9% of female Veteran suicide deaths.
- The percent of suicides that involved firearms was greater among Veteran men and women than among non-Veteran men and women.

Graph 15. VHA Site-Reported Suicide Deaths, by Week, 1/7/2019 – 9/7/2020<sup>72</sup>



- In the context of the COVID-19 pandemic, VA is monitoring trends in suicide-related behaviors. Thus far, findings do not indicate increases in suicide-related behavior among Veterans in VHA care.

Graph 16. VHA Patients With New Indications of Nonfatal Suicide Attempts, by Week, 1/8/19 – 9/15/20 <sup>73</sup>



# VA's Public Health Strategy

VA's public health strategy combines partnerships with communities to implement tailored, local prevention plans while also focusing on evidence-based clinical strategies for intervention. Our approach focuses on both what we can do now, in the short term, and over the long term, to implement VA's [National Strategy for Preventing Veteran Suicide](#).



# VA Suicide Prevention Program Mission

## Implementing a National Plan at Local Level

### KEY TENETS

1

Suicide is preventable.

2

Suicide prevention requires a public health approach, combining clinical and community-based approaches.

3

Everyone has a role to play in suicide prevention.

### SHORT TERM PLAN

The NOW Plan outlines five prevention strategies to implement throughout 2020-2021.

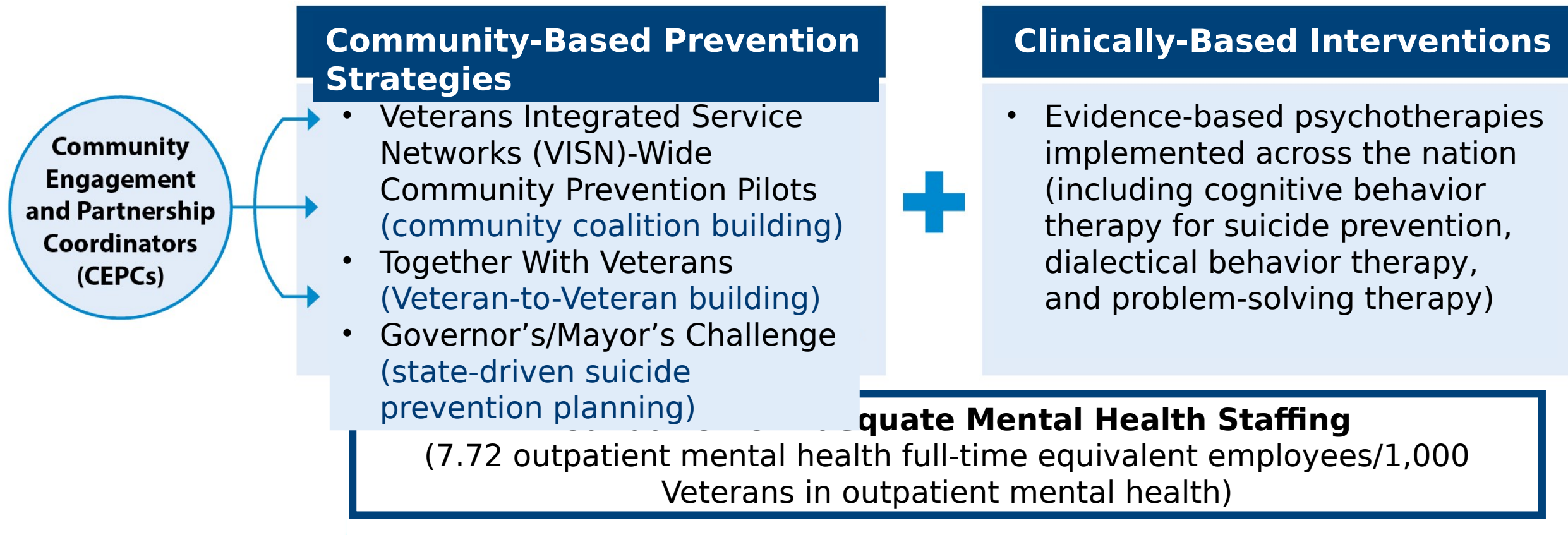
### LONG TERM PLAN

**Clinical:** Strategies grounded in evidence from the 2019 VA/DoD Clinical Practice Guidelines.

**Community:** National call to reach the 11 Veterans who die by suicide each day who are outside VHA care.

Executive in Charge approved implementation to reach all Veterans.

# Suicide Prevention 2.0 Vision for the Distance: Combining Community & Clinical Interventions



# **The NOW Plan: Five Planks, 19 Strategies (Including COVID-Specific Priorities)**



**Plank 1: Lethal Means Safety**



**Plank 2: Suicide Prevention in Medical Populations**



**Plank 3: Outreach and Understanding of Prior VHA Users**



**Plank 4: Suicide Prevention Program Enhancement**



**Plank 5: Paid Media**



# We Are Progressing and Yet More Work Is Needed With All of You

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## Estimated Impact of the Anchors of Hope

- 91 Veteran souls with Depression alive in 2018
- 146 Veteran souls with Anxiety alive in 2018
- 36 Veteran souls with Mental Health/Substance Use Disorder alive in 2018
- 13 female Veteran souls alive in 2018
- 56 Veteran souls in VHA care alive in 2018
- 49,000 projected lives spared from exposure to suicide

*While we are heartened by the Anchors of Hope,  
we are simultaneously burdened by the loss of every Veteran to suicide.  
We recognize the work yet needing to be done.  
We welcome your partnership and collaboration in this Mission.*

**Suicide is preventable. Each of us has a role to play in suicide prevention.**